Please type a	plus sign	(+)	inside	this	box

1634\$ 604-617

Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## CORRESPONDENCE ADDRESS INDICATION FORM

## Address to:

Assistant Commissioner for Patents Box CN Washington, DC 20231



Direct all corre	espondence to:				Custom	
$\boxtimes$	Customer N	umber:	23117		nber Bar I Here <del>-</del>	
OR			Type Customer Numb			
	Request for C	ustomer Nu	mber (PTO/SB/12	5) submitted he	rewith.	
in the	following listed	application(	s) or patent(s):			
Patent Number				Patent Dat		U.S. Filing
(if appr	opriate)		on Number 32,028	(if appropria	te)	November 26, 2001
			,,			
۲						
<u>i</u>						
•						<b>♦</b>
						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
						Territory and the second
						CEN A 200
						En
						600/20
						TECH CENTER 1600/200
1				(check		
Typed or		Leonard C. Mitchard				Applicant or Patentee
Printed Name			$\mathcal{L}$		1	
Signature		/	/ Muco			Assignee of record of the entire interest. Statement under 37 C.F.R.
Date	January 30, 2003					3.73(b) is enclosed. (Form PTO/SB/96)
Address of signe		Glebe Road, 8	3 <sup>th</sup> Floor		$\boxtimes$	Attorney or Agent of record
	Arlington, VA	Arlington, VA 22202				29,009
						(Reg. No.)

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Assistant Commissioner of Patents, Box CN, Washington, DC 20231.

forms are submitted.

\*Total of